

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

APPLICANT(S)

10588273

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
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TOTAL IND.														
TOTAL DEP.														
TOTAL CLAIMS														
	12	2	1	1	1	1	1	1	1	1	1	1	1	
	10	8	10	10	10	10	10	10	10	10	10	10	10	